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Dear Sirs,

I am writing this letter to express my support for the use of narcotics in the treatment of chronic pain

I am an internist in general practice and have been in practice for twenty years. Over the years I have accumulated many patients who, as they have aged, have developed many problems. Chronic pain is a common problem in the elderly.

When I first went into practice, the use of narcotics for chronic pain was considered dangerous and not permitted by the board of medical examiners. For many years of practice under this restriction, I developed "exceptions," patients whose life was so miserable with pain that I eventually chose to treat them with small amounts of narcotic pain medicine. I learned that I was not unlike many of my colleagues. With the decision to use narcotics for chronic pain I began to fear that I might endanger my license to practice medicine.

Because treating chronic pain with narcotics was not acceptable by the NC Board of Medical Examiners, I selected a patient that I felt really required narcotics in order to function. I wrote to the NC medical board for their suggestion. This poor man had come to me from the VA system already dependent on narcotics to control his back pain. He had agreed to come off of percocet for one month. When he returned to the office, his pain was severe enough to raise his blood pressure to dangerously high levels. His life became one of chronic misery and he suggested that suicide might be his only answer. I even consulted a psychiatrist who said to resume the percocet as it was the only humane thing to do. When I informed the board of the situation, they advised I refer the man to an addictionologist! Two months later the man returned to my office and was again off of percocet. He was again in misery and his blood pressure readings were in the range of 220/120. I put him back on percocet. The measure of success was pain relief as evidenced by normalization of his blood pressure and a return to a more active and functional life.

In making this decision, I put my license in jeopardy. I hoped that the NC Medical Board would choose not to check back in to see how the patient was doing. They did not. I lived in fear of getting discovered by the medical board. I experienced the ridicule of fellow physicians and the general public who became aware of my prescribing tendencies. Even now, I know that some of my colleagues look down on me and call me such names as a "drug doctor."

It was with the greatest relief when I learned that the NC Board of Medical Examiners reversed their stand on the issue of the use of narcotics in chronic pain. Soon I began to learn of the benefits of time release narcotics and gradually began to reduce the amount of quick acting narcotics. Since that time I have actually accepted some patients for treatment of pain; up till that time, I had refused to accept patients with a chief complaint of chronic pain.

I would like to give ^{an} ~~on~~ last example. This patient was 85 years old when I began to treat her chronic arthritis with time release morphine. She had spent many years sitting on the couch or lying in her bed due to severe arthritis of the spine. With full support of her husband, I initiated therapy at 30 mg twice a day and bumped up to 60 mg BID the next month. To make a long story short, she died ten years later. Her husband came to see me about a month later. He was tearful but came to thank me for giving his wife ten good years in which she was able to get up and go places in relatively little pain. As you can imagine, this was a highly moving experience and I hope it helps you to understand just how vital it is that we not go backwards in the area of chronic pain.

On behalf of myself and all my patients with chronic pain and the family members who witness their suffering, I hope and ask the following:

- That you support the use of narcotics for the treatment of chronic pain.
- That you propose a program of education for the public about the safe use of narcotics in chronic pain.
- That you involve the media in this education with the goal of removing the stigma and misconceptions about the use of narcotics.
- That you encourage the development of safer and more affordable time release narcotics.
- That you encourage the passage of legislation to help achieve such goals.

If I can be of further help, please contact me at the above address. My phone number is: (910) 997-3313.

Yours truly,



John E Flannery, MD, PhD